

## GRANT AWARD APPROVAL FORM

Date of SBE Approval of Grant Criteria 8/12/2008

**1. OFFICIAL NAME OF GRANT PROGRAM:**

2009--2010 Governor's Discretionary Grant  
(year) (year) (title)

Type: ☐ Initial ☒ Amendment ☐ Continuation

Legislation Authorizing This Grant Program: PL 101-297 Elementary and Secondary Education Act of 1965, As Amended

☒ Federal Grant: CFDA Number 84.186B ☐ State Aid Grant: Section Number \_\_\_\_\_ ☐ Other (Private, Foundation)

**2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.):**

Enhance collaboration between education, health, communities, parents, and other key stakeholders to reduce disparities and promote the health, well-being, and academic achievement of all of Michigan's school-aged youth.

**3. Background/Purpose of Grant Program:** To fund evidence-based programs and activities that (1) prevent youth drug use and violence; (2) involve parents and communities; and (3) are coordinated with related state, school and community efforts and resources to foster a safe and drug-free learning environment that promotes student academic achievement.

**Type of Grant Program: (check one)**

☒ Competitive  
☐ Formula  
☐ Other: (specify below)

**4. Target Population to be Served by Grant:**

Youth in juvenile detention facilities, runaway or homeless youth, pregnant and parenting teenagers, school dropouts, children of parents in treatment, and children of incarcerated parents.

**5. Eligible Applicants:**

Nonprofit community organizations, parent groups, juvenile/probate courts, faith-based organizations and other public and private nonprofit entities with a 501(c)(3) status.

**6. Award Information:**

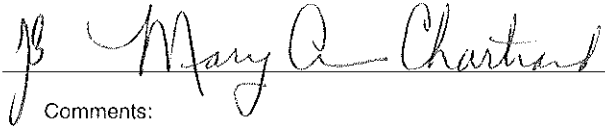
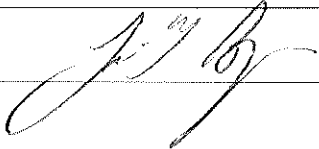
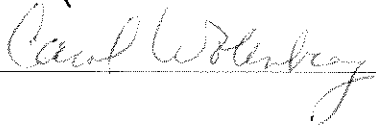
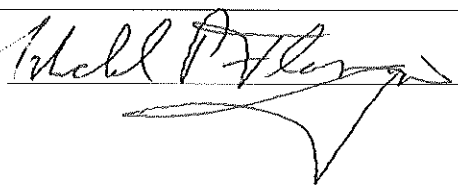
Amendment Date(s):	<u>4/9/2010</u>	Amendment Amount(s):	<u>\$730,000</u>	Total Recommended Award to Date:	<u>\$2,441,591</u>
Original Award Date:	<u>10/27/2009</u>		<u>\$25,000</u>		
	<u>9/27/2011</u>		<u>\$</u> _____		
Original Award Amount:			<u>\$</u> _____		
<u>\$1,686,591</u>			<u>\$</u> _____		

**7. Program Office Responsible:**

Office	Unit	Contact	Phone
Grants Coord. and School Support	Coord. School Health and Safety Programs	Kyle Guerrant	50565

This Form Was Prepared by: Jill Byelich

Phone Number: 33623

<b>8. OFFICE</b>	
Office Director Approval Signature: <u></u>	Date: <u>9/28/2011</u>
Phone: _____ Comments: _____	
<b>9. GRANTS OFFICE</b>	
Grants Office Approval Signature: <u></u>	Date: <u>9/28/2011</u>
Comments: _____	
<input type="checkbox"/> Exhibit A Not Required <input checked="" type="checkbox"/> Exhibit B Not Required	
<b>10. DEPUTY SUPERINTENDENT</b>	
Deputy Superintendent Approval Signature: <u></u>	Date: <u>9-28-11</u>
Comments: _____	
<b>11. SUPERINTENDENT</b>	
Superintendent Approval Signature: <u></u>	Date: _____
Comments: _____	

## INSTRUCTIONS

- A. Complete items 1-8 on this form. The Grants Administration and Coordination Unit will facilitate completion of items 9-11.
- B. **Attach three (3)** sets of Exhibits A and B (one original and 2 copies). Do not staple the pink form nor the originals of Exhibits A and B.  
  
 Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested and the amount Recommended to be funded.  
 Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the **Grants Administration and Coordination Unit**.

**Note:** This process takes, on average, two weeks from the time the packet with the Office Director's signature on it is delivered to the Grants Office, until the time the fully signed packet is routed to the person administering the grant program. This time varies depending upon the number of corrections that are necessary and the availability of all of the signers. It can take longer particularly around holiday times when the signers may be out of the office. Proofread and plan accordingly.

**Michigan Department of Education  
Coordinated School Health and Safety Programs**

**2009-2010 Governor's Discretionary Grant Funding for FY 2011**

**Applicant Recommended for Additional Funding**

<b><u>Applicant</u></b>	<b><u>Previous Award</u></b>	<b><u>Amended Amount</u></b>	<b><u>Total Recommended Award</u></b>
Boys & Girls Club of Alpena	\$130,000	\$25,000	\$155,000
<b>Total</b>		<b>\$25,000</b>	